

**Testimony Before the
Senate Committee on Indian Affairs
Hearing on
"Examining the True Costs of Alcohol and Drug Abuse in Native Communities"
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Chairman Barrasso, Ranking Member Tester, and members of the Senate Committee on Indian Affairs, thank you for inviting me to testify at this important hearing on substance use and substance use disorders in Native Communities. My name is Mirtha Beadle, and I am the Director of the Office of Tribal Affairs and Policy within the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the Department of Health and Human Services (HHS).

We all know that substance use and substance use disorders are some of the most severe public health and safety problems facing American Indian and Alaska Native (AI/AN) individuals, families, and communities and more must be done to diminish the devastating social, economic, physical, and mental consequences.

SAMHSA's work with AI/AN populations is rooted in the belief that tribes know best how to solve their own problems through prevention, treatment, and recovery activities and engaging with and strengthening community partnerships. In addition, SAMHSA's work with tribal communities supports behavioral health and wellness through culturally-tailored programs and initiatives that value tribal beliefs. SAMHSA also offers help in real time to tribes and grantees as they work to advance substance use prevention, mental health promotion, and behavioral health treatment programs.

In November 2014, SAMHSA held its first cross-agency tribal grantee conference. The focus of the conference was on empowering Native youth through leadership and behavioral health workshops and to engage them in a dialogue about behavioral health. SAMHSA was pleased that Ranking Member Tester was able to speak at this important event at which more than 125 youth participated and shared challenges and opportunities for improving the behavioral health of their peers and communities. At the top of their list were concerns around alcohol and substance use and a range of social and economic problems, including unemployment, poor educational outcomes, poor housing, and insufficient access to behavioral health services. SAMHSA will continue efforts to support positive development of tribal youth through additional training opportunities.

SAMHSA

As you are aware, SAMHSA's mission is to reduce the impact of substance use and mental illness on America's communities. SAMHSA envisions a nation that acts on the knowledge that:

- Behavioral health is essential for health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders.

In order to achieve this mission, SAMHSA has identified six Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. SAMHSA's Strategic Initiatives are: Prevention of Substance Abuse and Mental Illness; Health Care and Health Systems Integration; Trauma and Justice; Recovery Support; Health Information Technology; and Workforce Development.

Office of Tribal Affairs and Policy (OTAP)

SAMHSA's OTAP serves as SAMHSA's primary point of contact for tribal governments, tribal organizations, Federal departments and agencies, and other governments and agencies on behavioral health issues facing AI/AN populations in the United States. OTAP supports SAMHSA's efforts to advance the development and implementation of data-driven policies and innovative practices that promote improved behavioral health for AI/AN communities and populations. The creation of OTAP brought together SAMHSA's tribal affairs, tribal policy, tribal consultation, tribal advisory, and Tribal Law and Order Act

(TLOA) responsibilities to improve agency coordination and achieve meaningful progress. OTAP carries out its work in partnership with tribal nations and in collaboration with SAMHSA centers and offices, and other Federal agencies.

The Office of Indian Alcohol and Substance Abuse (OIASA) is an organizational component of OTAP. OIASA is required under TLOA to coordinate federal partners to provide tribes with technical assistance and identify resources to develop and enhance alcohol and substance use prevention and treatment programs.

Prevalence of Behavioral Health Conditions and Treatment

Alcohol and substance use, as well as mental health issues and suicide, continue to be among the most severe health and social problems AI/ANs face. According to SAMHSA's 2013 National Survey on Drug Use and Health (NSDUH), the statistics related to behavioral health conditions and treatment needs among the AI/AN populations are very troubling.

Substance Misuse and Abuse

- Though lower than in 2012, the rate of substance dependence or abuse among people aged 12 and up was still higher among the AI/AN population (14.9 percent) than among other racial/ethnic groups.¹
- According to data from the 2011 Behavioral Risk Factor Surveillance System (BRFSS), AI/AN individuals have the second highest rate of binge alcohol use (18.2 percent) compared to white, non-Hispanic (21.2 percent), AI/ANs report the highest intensity of drinks per binge (8.4 drinks per binge episode) and the highest frequency of binge drinking episodes (4.5 during the past 30 days) compared with other racial/ethnic groups.²
- The rate of tobacco use among the AI/AN population (40.1 percent) is higher than all other racial/ethnic groups.³
- American Indians and Alaska Natives are also more likely than other racial/ethnic groups in the United States to die from drug-induced deaths (17.1 per 100,000 people), according to 2010 National Vital Statistics System data reported in a 2013 Centers for Disease Control and Prevention (CDC) report on U.S. health disparities and inequities.⁴

Substance Abuse Treatment⁵

- 76.6 percent (33,401) of AI/AN treatment admissions reported alcohol as a substance of abuse. By comparison, 56.2 percent of non-AI/AN admissions reported alcohol as a substance of abuse.
- Among admissions aged 15 to 24, 68.5 percent (6,885) of AI/AN admissions reported alcohol as a substance of abuse. In the same age group, 45.2 percent of non-AI/AN admissions reported alcohol as a substance of abuse.

¹ Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings

(<http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>)

² Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report – United States, 2013. MMWR 2013;62(Suppl 3):[77 - 80]

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a13.htm>

³ Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings

(<http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>)

⁴ CDC Morbidity and Mortality Weekly Report (MMWR)

http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a27.htm?s_cid=su6203a27_w#x2014;%20United%20States,%201999-2010

⁵ Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (2012 data).

Improving Practice

SAMHSA, as the Federal agency that leads public health efforts to advance the behavioral health of the nation, has several roles. I just spoke about the ways in which SAMHSA provides leadership and voice and supports the behavioral health field with critical data from national surveys and surveillance. SAMHSA also has a vital role in collecting best practices and developing expertise around prevention and treatment for people with mental illness and substance use disorders. SAMHSA's staff includes subject matter experts that provide technical assistance and training to individuals, organizations, states, tribes, and others every day.

The SAMHSA Tribal Training and Technical Assistance (TTA) Center uses a culturally relevant, evidence-based, holistic approach to support Native communities in their self-determination efforts through infrastructure development and capacity building, as well as program planning and implementation. It provides training and technical assistance on mental and/or substance use disorders, suicide prevention, and mental health promotion. It also offers training and technical assistance, ranging from broad to focused, to federally recognized tribes, SAMHSA tribal grantees, and tribal organizations serving Indian country.

SAMHSA funds the National American Indian and Alaska Native Addiction Technology Transfer Center (ATTC), one of four National Focus Area ATTCs. The primary goal of the Center is to serve as a subject matter center of excellence in technology transfer for the AI/AN behavioral health workforce. The Center and the ATTC Network as a whole are charged with providing training and technical assistance to the behavioral health workforce. Building on the Network's experience and evolution over the last 20 years, the Center is working with AI/AN behavioral health providers, peoples, organizations and communities to help develop and deliver effective culturally-relevant professional development and behavioral health services.

The National Native Children's Trauma Center (NNCTC) is funded by SAMHSA under the National Child Traumatic Stress Initiative to provide national expertise on childhood trauma among AI/ANs. NNCTC works in collaboration with Indian Health Service (IHS) providers, tribal leadership, and other representatives in tribal communities to utilize evidence-based, culturally-appropriate, trauma-informed interventions for AI/AN children, youth, and military families who experience disproportionate childhood trauma, violence, grief, poverty, historical and intergenerational trauma. The Center serves as a national resource for consultation for AI/AN youth programming with a particular focus on working with school communities across the United States.

SAMHSA's Center for the Application of Prevention Technologies (CAPT) Training and Technical Assistance Services is a national substance abuse prevention training and technical assistance system dedicated to strengthening prevention systems and the nation's behavioral health workforce. Nationwide, SAMHSA's CAPT provides state-of-the-science training and technical assistance to tribes supported under SAMHSA's Strategic Prevention Framework and its Substance Abuse Prevention and Treatment Block Grant programs, as well as to tribal epidemiological workgroups and innovative local programs participating in SAMHSA's Service to Science Initiative. Tribal governments are not required to waive sovereign immunity as a condition of receiving SAMHSA block grant funds or services.

SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence (CFE) Native Initiative promotes prevention of FASD in Indian country. Native Americans have some of the highest rates of alcohol-related birth defects in the nation. The FASD CFE works across multiple disciplines to educate and train policymakers and providers, caregivers and communities, and individuals and families on how to help prevent alcohol-exposed pregnancy and improve the lives of individuals affected by FASD.

Public Awareness and Support

As part of SAMHSA's highly successful "Talk. They Hear You." underage drinking prevention campaign, a promotion video was recorded with Rod Robinson, the former Director of SAMHSA's Office of Indian Alcohol and Substance Abuse. In the video, Mr. Robinson discusses materials developed to help prevent and reduce underage drinking in American Indian communities, and he responds to questions such as why underage drinking is an important concern for American Indian populations. He also communicates ways in which the "Talk. They Hear You." materials will help parents and adult caregivers address underage drinking within tribal communities. The video is available on SAMHSA's YouTube channel.

Strategic Grant Making

Tribal Behavioral Health Grants

SAMHSA has made helping American Indians and Alaska Natives a priority. For several years, the President's Budget for SAMHSA had requested funding for a new program specifically focused on tribal communities to address the high incidence of substance use and suicide in AI/AN youth and young adult populations. In Fiscal Year (FY) 2014, Congress appropriated for the first time \$5 million to begin such a program, Tribal Behavioral Health Grants (TBHG). In FY 2014, SAMHSA awarded 20 Tribal Behavioral Health grants to tribes or tribal organizations with high rates of suicide to develop and implement a plan that addresses suicide and substance use (including alcohol) and is designed to promote mental health among tribal youth. Grantees such as the Selawik Village Council in Alaska, the Turtle Mountain Band of Chippewa Tribe in North Dakota, and the Pueblo of Nambe in New Mexico, indicated in their applications how they will incorporate evidence-based, culture-based, and practice-based strategies for tribal youth. Grantees are required to work across tribal suicide prevention, mental health, substance use prevention, and substance use disorder treatment programs to build positive behavioral health among youth. Grantees will create or enhance effective systems of follow up for those identified at risk of suicide and/or substance use or mental health issues that could lead to suicide. With a focus on tribal traditions, interagency collaboration, early identification, community healing, and preventing future deaths by suicide, grantees connect appropriate cultural practices, intervention services, care, and information with families, friends, schools, educational institutions, correctional systems, substance use programs, mental health programs, foster care systems, and other support organizations for tribal youth. Attention to the families and friends of tribal community members who recently died by suicide is encouraged as well. In addition, technical assistance is provided to grantees through SAMHSA's Tribal Technical Assistance Center to support their ability to achieve their goals.

The President's FY 2016 Budget for the TBHG program is \$30 million, including \$15 million in the Mental Health appropriation and \$15 million in the Substance Abuse Prevention appropriation. This request represents an increase over the FY 2015 Enacted Level of \$10 million in the Mental Health appropriation and \$15 million for a newly established line in the Substance Abuse Prevention appropriation. This funding expands work supporting Generation Indigenous, an initiative focused on removing possible barriers to success for Native youth. This initiative will take a comprehensive, culturally appropriate approach to help improve the lives and opportunities for Native youth. In addition to HHS, multiple agencies including the Departments of Interior, Education, Housing and Urban Development, Agriculture, Labor, and Justice, are working collaboratively with tribes to address issues facing Native youth. The FY 2016 Budget would allow SAMHSA to expand activities that are critical to preventing substance use and promoting mental health and resiliency among youth in tribal communities. The additional funding would expand these activities to approximately 103 additional tribes and tribal entities. With the expansion of the TBHG program, SAMHSA aims to reduce substance use and the incidence of

suicide attempts among tribal youth and to address behavioral health conditions which impact learning in Bureau of Indian Education-funded schools. The TBHG program will support mental health promotion and substance use prevention activities for high-risk tribal youth and their families, enhance early detection of mental and substance use disorders among tribal youth, and increase referral to treatment.

The House Appropriations Committee (House Report 114-195) fully funds the THBG program for FY 2016 at the requested level of \$30 million. However, the Senate Appropriations Committee (Senate Report 114-74) level funds the TBHG program for FY 2016 at just under \$5 million.

Strategic Prevention Framework-State Incentive Grant (SPF-SIG) Program

The Strategic Prevention Framework-State Incentive Grant (SPF-SIG) program supports activities to help states and tribes build a solid foundation for delivering and sustaining effective substance use prevention services and reducing the consequences of substance use. Following the SPF five-step process, SPF-SIG grantees develop comprehensive plans for prevention infrastructure and systems at the state and tribal levels. Ultimately, SPF-SIG States/Tribes assist and support selected sub-recipient communities to implement effective programs, policies, and practices to reduce substance use and its related consequences. The SPF-SIG program provides the foundation for success of the SPF - Partnerships for Success (PFS) Grant Program. Grantees include: Confederated Salish & Kootenai Tribes (Montana); First Nation Community Healthsource (New Mexico); Leech Lake Band of Ojibwe (Minnesota); Nooksack Indian Tribal Council (Washington); Northern Arapahoe Tribe (Wyoming); Oklahoma City Area Inter-Tribal Health Board; Tanana Chiefs Conference, Inc. (Alaska); and Oglala Sioux Tribe and Lower Brule Sioux Tribe (South Dakota).

Strategic Prevention Framework - Partnerships for Success State and Tribal Initiative (SPF-PFS)

The Strategic Prevention Framework - Partnerships for Success State and Tribal Initiative (SPF-PFS) grant program was initiated in FY 2009 and one of its targeted goals is to help young American Indians and Alaska Natives with reducing substance use-related problems; preventing the onset and reducing the progression of substance use disorders; strengthening prevention capacity and infrastructure at the state and community levels in support of prevention; and leveraging, redirecting, and realigning statewide funding streams for substance use prevention. Since FY 2012, the SPF-PFS program has concentrated on addressing two of the nation's top substance use prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) nonmedical prescription drug use among persons aged 12 to 25. In 2014, SAMHSA funded all five tribal applicants for the SPF-PFS program. The grantees include: Cook Inlet Tribal Council in Alaska; the Montana Wyoming Tribal Leaders Council; and the Cherokee Nation in Oklahoma.

Criminal Justice and Juvenile Justice

SAMHSA is committed to enhancing substance use treatment services in existing adult tribal healing-to-wellness courts and in all juvenile treatment drug courts. SAMHSA's Treatment Drug Courts grant program aims to break the cycle of criminal behavior, alcohol and/or substance use, and incarceration, including among Native Americans. The purpose of this program is to expand and/or enhance substance use treatment services in existing adult Tribal Healing to Wellness Courts and in any Juvenile Treatment Drug Courts, which use the treatment drug court model in order to provide alcohol and substance use disorder treatment (including recovery support services, screening, assessment, case management, and program coordination) to justice-involved individuals. With respect to the Juvenile Treatment Drug Courts program, in FY 2014, SAMHSA awarded a three-year grant to the Omaha Tribe of Nebraska. In addition, SAMHSA funded all three tribal applicants for the adult Tribal Healing to Wellness Courts in FY

2014. The grantees include: Lac Du Flambeau Band of Chippewa Indians (Wisconsin); Mescalero Apache Tribal Council (New Mexico); and Lower Brule Sioux Tribal Council (South Dakota).

Nonmedical Prescription Drug Use and Opioid Use Disorder Treatment

Nonmedical use of prescription medications takes a devastating toll on public health and safety. In 2013, NSDUH data showed that approximately 6.5 million Americans aged 12 or older reported current non-medical use of prescription drugs. In 2013, among persons aged 12 or older, the rate of current illicit drug use was 12.3 percent among American Indians and Alaska Natives.⁶ In response to this public health crisis, IHS established the Prescription Drug Abuse (PDA) workgroup and developed a multi-disciplinary task force to address six key focus areas: patient care, policy development/implementation, education, monitoring, medication storage/disposal, and law enforcement. SAMHSA and other Federal agencies have been active members of the IHS PDA workgroup in an effort to improve national coordination and collaboration. SAMHSA has national and regional resources that include: strategies for reducing nonmedical use of prescription drugs; prescriber and patient education; publications; prevention and early intervention; technical assistance; and prescription drug monitoring programs. The workgroup developed a PDA Resource Guide to support technical assistance, training and education for providers and communities.

SAMHSA is also leading a number of activities in support of the HHS Secretary's Opioid Initiative that focuses on three specific areas: opioid prescribing practices to reduce opioid use disorders; naloxone development, access, and distribution; and, medication-assisted treatment to reduce opioid use disorders and overdose. SAMHSA will be working with IHS to improve training in the use of medication-assisted treatment, the standard of care for opioid use disorders, by providers in AI/AN communities.

Supporting Successful Recovery

SAMHSA has also funded a number of programs that focus on recovery support in AI/AN communities. The Inter-Tribal Council of Michigan's "Anishnaabek Healing Circle, ATR Network" was funded to improve access to a full array of treatment and recovery supports through network of culturally competent providers. The grant focused on tribal youth aged 12 and older who were enrolled members of the federally recognized tribes in Michigan.

Conclusion

Thank you again for this opportunity to discuss SAMHSA's role in addressing the issue of substance use that is exacting significant health and economic tolls in Native communities. The issue is a major priority for SAMHSA, and recent activities such as the establishment of our OTAP underscore our dedication.

⁶ Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings (<http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>)